Population Control

*96. SHRIMATI SHOBHANA BHARTIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the population in the country is increasing rapidly and it is expected to surpass the population of China;

(b) if so, whether in view of steep rise in population, the Union Government proposes to have a fresh look at our Population Policy;

(c) if so, the details thereof;

(d) whether the Union Government proposes to discuss the issue with the State Governments/UTs to effectively implement the Population Policy; and

(e) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) to (e) At the current rate, India's population is expected to exceed that of China before 2030 to become the most populous country in the World. India adopted a comprehensive and holistic National Population Policy (NPP), 2000, with clearly articulated objectives, strategic themes and operational strategies to meet the reproductive and child health needs of the people and to achieve net replacement level i.e. Total Fertility Rate (TFR) of 2.1 by 2010. It is based upon the need to simultaneously address issues of child survival, maternal health and contraception while increasing outreach and coverage of a comprehensive package of reproductive and child health services with Government, industry and the voluntary non-Government sector, working in partnership. TFR was 3.2 at the time when NPP 2000 was adopted and has declined to 2.7 as per Sample Registration Survey (SRS) 2007 conducted by Registrar General of India. 9 States/UTs out of 20 major States as per size of population *viz.*, Andhra Pradesh, Delhi, Himachal Pradesh, Kerala, Punjab, Karnataka, Maharashtra, Tamil Nadu, West Bengal have already achieved the replacement level TFR of 2.1. 5 States namely Assam, Gujarat, J&K, Haryana, Orissa, are hopeful of achieving the replacement level in the near future as they have attained TFR between 2.3 to 2.7. Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Rajasthan, Uttar Pradesh, may not be able to achieve the replacement level by 2010 as these States have TFR from 3.1 to 3.9 as per SRS 2007.State wise level of TFR in 2000 and current level *i.e.* 2007 for major States is given in the Statement (*See* below).

Government review the issue on Population Stabilization at different fora from time to time with the States/UTs. Regular visits are made by Officers from the Government of India to understand the local issues of respective States and get them properly addressed at appropriate platform. The Government has launched the National Rural Health Mission on 12th April, 2005, throughout the country. Under the National Rural Health Mission (NRHM), emphasis has been laid to provide accessible, affordable, accountable, effective, reliable, and quality primary health care through creation of a cadre of Accredited Social Health Activities (ASHA), improved hospital care, decentralization of programme to district level to improve *intra* and inter-sectoral convergence and effective utilization of resources.

Population Stabilization is one of the objectives of NRHM. It provides a thrust for reduction of child and maternal mortality and reduces the fertility rates. The approach to population stabilization is to provide quality health services in remote rural areas along with a wide range of contraceptive choices to meet the unmet demands for these services. Efforts are on to provide quality Reproductive Health Services (including delivery, safe abortions, treatment of Reproductive tract infections and Family Planning Services to meet unmet needs, while ensuring full reproductive choices to women). The strategy also is to promote male participation in Family Planning. Population stabilization and Infant Mortality rate requires greater convergent action to influence the wider determinants of health care like female literacy, sanitation, nutrition, gender and social empowerment, early childhood development, marriage after 18, spacing of children and behavioural changes etc. Government is promoting IUD 380 intensively as a spacing method because of its longevity of 10 years and advantages over other IUDs. Fixed day fixed place Family Planning services round the year have been made possible on account of growing number of 24x7 PHCs and better functioning of CHCs and other health facilities, under NRHM. NRHM has increased the basket of choice by systematically and carefully introducing new and effective contraceptives in the programme.

The Government has also launched a Family Planning (indemnity) Insurance Scheme since November, 2005, to provide insurance cover to acceptors of sterilization across the country. It also provides indemnity insurance cover to doctors/health facilities including private accredited facilities, as an effort towards encouraging adoption of sterilisation by eligible couples and giving protection to the service providers. The enhanced package of compensation for loss of wages to persons who undergo sterilization has been introduced since September 2007, resulting into increase in sterilisation during last one year.

Statement

TFR (Total fertility rate) - India and bigger states, 2000 and 2007

Sl. No.	India and bigger States	2000	2007
1	2	3	4
	India	3.2	2.7
1	Tamil Nadu	2.1	1.6
2	Kerala	1.9	1.7
3	Andhra Pradesh	2.3	1.9
4	Himachal Pradesh		1.9
5	West Bengal	2.4	1.9
6	Delhi		2.0
7	Maharashtra	2.5	2.0
8	Punjab	2.4	2.0
9	Karnataka	2.4	2.1

1	2	3	4
10	Jammu & Kashmir		2.3
11	Orissa	2.8	2.4
12	Gujarat	2.9	2.6
13	Haryana	3.2	2.6
14	Assam	3.1	2.7
15	Chhattisgarh		3.1
16	Jharkhand		3.2
17	Madhya Pradesh	4.0	3.4
18	Rajasthan	4.1	3.4
19	Bihar	4.5	3.9
20	Uttar Pradesh	4.7	3.9

SOURCE: Sample Registration System, O/o Registrar General of India, Ministry of Home Affairs

Undue delay in getting various permission and pending applications

*97. DR. V. MAITREYAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether even after streamlining the system of operations and inducting more personnel, DCGI office is not able to approve applications by the prescribed deadline;

(b) if so, the reasons therefor;

(c) whether the present DCGI goes on frequent tours and has not delegated the powers of approval to his subordinate officials causing undue delay;

(d) if so, the immediate action proposed to put the system on fast track;

(e) the number of applications as on January 31, 2009 pending in each category of approvals and how many have been cleared; and

(f) whether there is also selective amnesia in the department to clear only a few applications?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) and (b) Strengthening, streamlining and capacity building of the regulatory body *i.e.* CDSCO is underway. While certain vacant posts have been filled up, others are in different stages of recruitment with the UPSC. About 72 new posts of Drug Inspectors and Technical Officers have been recently created and the UPSC has already advertised the post of Drug Inspectors. Various categories of applications are processed in the office of DCG(I) as per the Drugs and Cosmetics Rules keeping in view the prescribed timelines. It may be mentioned that although the timeline prescribed in Drugs and Cosmetics Rules for grant of import registration of drugs is 9 months, the office of DCG(I) is granting the same in 3 months. NOC for export is generally granted in around 2 weeks.